

CERTIFICATE OF SERVICE

CONTRACTOR Firewell Co. Inc 3685 Broadway Buff 25, N.Y.				TO: (Major Air Command) SAC (DM8D) Offutt AFB, Nebr			
CONTRACT AF 33(600)HF-AF1940 EXHIBIT NO. One				DATE OF CERTIFICATE 30 Nov 59			
1. NAME OF CTSP (Last, First, and MI) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		2. AF UNIT 4080 SRW(L)		3. PERIOD OF CERT (Inclusive dates) 1 Nov 59 THRU 30 Nov 59			
4. VACATION TIME (Inclusive dates) None THRU FOIAb3a		5. SICK TIME (Inclusive dates) THRU THRU		6. CONTRACT HOLIDAYS		7. BILLABLE DAYS 30	
8. AUTHORIZED OVERTIME HOURS WORKED							
DATE	TIME AND 1/2	DOUBLE TIME	DATE	TIME AND 1/2	DOUBLE TIME	DATE	TIME AND 1/2
None							
9. DATES ON WHICH PREMIUM PAY SHIFTS WERE WORKED None							
10. TEMPORARY DUTY AWAY FROM HOME STATION (Enter hour and date of departure and return)							
DEPARTED		RETURNED		DEPARTED		RETURNED	
None							
11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER(Including Taxicab, etc.)							
INCLUSIVE DATES		FROM		TO		MODE COST	
None THRU							
THRU							
THRU							
12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage)							
INCLUSIVE DATES		FROM		TO		TOLLS MILES	
None THRU							
THRU							
THRU							
THRU							
13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY - OWNED CONVEYANCE: N/A MILES							
14. GOVERNMENT TRANSPORTATION REQUESTS USED							
DATE ISSUED		ISSUING AGENCY		FROM		TO	
N/A							
15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES: N/A							

16. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT, AND DATE OF DEPARTURE: *N/A* DEPARTED (Place) ON (Date)

17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE: *N/A*

18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM *N/A*

19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT (Port) ON (Date)

20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons) (Port) ON (Date) -

21. ADDITIONAL INFORMATION AND REMARKS: *N/A*

22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief.

FOIAb3a

(Signature of CTSP)

23. CERTIFICATION: I certify that, to the best of my knowledge and belief, the services reported above were performed in a satisfactory manner, that all orders were carried out in accordance with the following exceptions: *N/A*

(If services were not satisfactory, complete written report has been prepared and forwarded)

NAME	STATINTL	GRADE	LTCOL	SIGNATURE (Facsimile)
AFSN	35808A	ORGANIZATION	4080 SRW(L)	FOIAb3a

INSTRUCTIONS FOR PREPARATION:

- Items not applicable will be indicated by N/A.
- The period covered by a certificate will not include more than one calendar month.
- ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.
- ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)
- Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single-spaced as required. If additional space is needed, Item 21 may be used.
- Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.
- ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.